



KENTUCKY BOARD OF PROSTHETICS, ORTHOTICS & PEDORTHICS

P.O. Box 1360, Frankfort, Kentucky 40602
911 Leawood Drive, Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 564-3296 ~ Fax: (502) 564-4818 ~ <http://pop.ky.gov>

APPLICATION FOR POST RESIDENCY REGISTRATION

INSTRUCTIONS

1. This application must be typed or printed legibly and completed in its entirety.
2. This application and all supporting material must be submitted to the Kentucky Board of Prosthetics, Orthotics & Pedorthics.
3. Attach continuation sheets if more space is needed to provide information.
4. This completed notification may be submitted to the Kentucky Board of Prosthetics, Orthotics & Pedorthics either by mail to P.O. Box 1360, Frankfort, KY 40602 or by overnight delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

TYPE OF APPLICATION

- ☐ Orthotist
☐ Prosthetist
☐ Prosthetist /Orthotist

Note: You may only apply for one license per application. If you are credentialed for more than one of the five licenses listed, you must submit a separate application and accompanying fee for each.

CHECKLIST FOR POST RESIDENCY REGISTRATION FOR ORTHOTIST, PROSTHETIST, OR ORTHOTIST/PROSTHETIST

- ☐ Completed application (Form BPOP3-01/2013)
☐ Proof of completion of a residency program meeting the standards of KRS 319B.010 (26)
☐ Copy of documentation for examination from: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC)
☐ Letter from licensed practitioner for supervisory monitoring

APPLICANT INFORMATION

Name: Last	First	Middle Initial	Maiden Name
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Mailing Address: Street	City	State	Zip Code
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Business Address: Street	City	State	Zip Code
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Telephone Number	Social Security Number	Date of Birth	Email Address

EDUCATION

<u>Name of School</u>	<u>Dates Attended</u>	<u>Type of Degree or Diploma</u>
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APPLICATION FOR LICENSURE

GENERAL QUESTIONS

Please answer the following questions. If any answers are in the affirmative with the exception of question 1, please explain in detail on a separate sheet. In support of your explanation, the final documents or orders from the states, courts, and agencies must be submitted with your application.

1. Are you now in good physical and mental health? If NO, please attach documentation detailing your mental or physical ailment. ☐ Yes ☐ No.
2. Has your certificate or license to practice Orthotics, Prosthetics, or Pedorthics in any State ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, voluntarily surrendered, under threat of investigation or disciplinary action? ☐ Yes ☐ No.
3. Do you have a medical condition which in any way impairs or limits your ability to practice orthotics / prosthetics / pedorthics/orthotic fitter with reasonable skill and safety? ☐ Yes ☐ No.
4. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? (If yes, please attach a copy of the court conviction, verdict and plea) ☐ Yes ☐ No.
5. Have you ever had a judgment rendered against you, or any legal action settled or pending, relating to the performance of your professional service? (If yes, please attach detailed explanation) ☐ Yes ☐ No.
6. Have you ever applied for a professional license in any health care profession and been denied or restricted for any reason? (If yes, please attach detailed explanation) ☐ Yes ☐ No.

APPLICANT COMPLIANCE

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any misrepresentation or falsification on this application, the Kentucky Board of Prosthetics, Orthotics & Pedorthics may deny or refuse to issue a license, or take other appropriate disciplinary action.

Date

Applicant Signature

BOARD REVIEW DATE _____

BRD MEMBER _____

APPROVED _____ DENIED _____ DEFERRED _____

BRD MEMBER _____

COMMENTS: _____



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